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ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH County. District or Township., ORD pocurred in a lospital or institution, give its NAME instead of street and number 2. Full name of child If child is not yet named, make supplemental report, as directed. 3. Sex of Child To be answered ONLY 4. Twin, triplet or other INK-THIS IS A PERMANENT TE RETURN must be made for e birth stated. 6. Legitimate? in event of plural 7. Date births. No., in order of birth Month FATHER 14. MOTHER Full name Full maiden name 9. Residence 15 Residence (Uaual place of abode) (Usual place of abode) If non-resident, give place and state, If non-resident, give place and state. 10. Color or race 16 Color or race 11. Age at last birthday 🔾 🗙 Age at last birthday. 12. Birthplace (city or place) 18. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation 맺 Nature of industry Nature of industry 20. Number of children of this mother (a) Born slive and now living. Were precautions taken against oph-thalmin neonatorum? (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead. (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIPE I hereby certify that I attended the birth of this child, who was more m. on the date above stated *When there was no attending physician or midwife, then the father, householder, etc., should make this return, A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature. Given name added from (Physician or midwile). a supplemental report Month, day, year Registrar Registrar -52/-

MARGIN RESERVED FOR BINDING

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